

Debtor 1 HOPE A ARNOLD

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Eastern District of Missouri

Case number 23-42829

## Official Form 410S1

# Notice of Mortgage Payment Change

12/15

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any changes in the installment payment amount. File this form as a supplement to your proof of claim at least 21 days before the new payment amount is due. See Bankruptcy Rule 3002.1.

**Name of creditor:**  
Alabama Housing Finance Authority

**Court claim no. (if known):** NA

### Date of payment change:

Must be at least 21 days after date  
of this notice 10/01/2023

### New total payment:

Principal, interest, and escrow, if any \$888.31

Last 4 digits of any number you use to  
identify the debtor's account: 0 6 4 4

### Part 1: Escrow Account Payment Adjustment

#### 1. Will there be a change in the debtor's escrow account payment?

- ☐ No
- ☒ Yes. Attach a copy of the escrow account statement prepared in a form consistent with applicable nonbankruptcy law. Describe the basis for the change. If a statement is not attached, explain why:

Current escrow payment: \$ 361.08

New escrow payment: \$ 301.71

### Part 2: Mortgage Payment Adjustment

#### 2. Will the debtor's principal and interest payment change based on an adjustment to the interest rate on the debtor's variable-rate account?

- ☒ No
- ☐ Yes. Attach a copy of the rate change notice prepared in a form consistent with applicable nonbankruptcy law. If a notice is not attached, explain why:

Current interest rate: \_\_\_\_\_%

New interest rate: \_\_\_\_\_%

Current principal and interest payment: \$ \_\_\_\_\_

New principal and interest payment: \$ \_\_\_\_\_

### Part 3: Other Payment Change

#### 3. Will there be a change in the debtor's mortgage payment for a reason not listed above?

- ☒ No
- ☐ Yes. Attach a copy of any documents describing the basis for the change, such as a repayment plan or loan modification agreement.  
(Court approval may be required before the payment change can take effect.)

Reason for change:

Current mortgage payment: \$ \_\_\_\_\_

New mortgage payment: \$ \_\_\_\_\_

**Part 4: Sign Here**

The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box.

☒ I am the creditor.

☐ I am the creditor's authorized agent.

**I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.**

**X** /s/Rob Griffith \_\_\_\_\_ Date 08/30/2023  
Signature

Print: Rob Griffith \_\_\_\_\_ Bankruptcy Specialist  
First Name Middle Name Last Name Title

Company Alabama Housing Finance Authority \_\_\_\_\_

Address P.O. Box 242928 \_\_\_\_\_  
Number Street

Address 2  
MONTGOMERY AL 36124  
City State ZIP Code

Contact phone 334-244-4348 \_\_\_\_\_  
Email rgriffith@servsol.com

# UNITED STATES BANKRUPTCY COURT

Eastern District of Missouri

Chapter 13 No. 23-42829

Judge: BONNIE L CLAIR

In re:

HOPE A ARNOLD &

Debtor(s).

## CERTIFICATE OF SERVICE

I hereby certify that this Notice, including all attachments, is being served on or before August 31, 2023 via filing with the US Bankruptcy Court's CM ECF system and/or by mailing a copy of this document by U.S. Postal Service First Class Mail Postage Prepaid.

Debtor:

By U.S. Postal Service First Class Mail Postage Prepaid

HOPE A ARNOLD  
3155 MEADOW TRL DR #33

SAINT PETERS MO 63376-0000

By U.S. Postal Service First Class Mail Postage Prepaid

Debtor's Attorney:

By U.S. Postal Service First Class Mail Postage Prepaid

WILLIAM H RIDINGS JR  
2510 S BRENTWOOD BLVD STE 205  
C/O RIDINGS LAW FIRM

ST LOUIS MO 631440000

By U.S. Postal Service First Class Mail Postage Prepaid

N/A

Trustee:

By U.S. Postal Service First Class Mail Postage Prepaid

Daugherty, Diana S.

PO Box 430908

St. Louis MO 63143-0908

/s/Rob Griffith

Bankruptcy Specialist

Alabama Housing Finance Authority

HOPE A ARNOLD  
3155 MEADOW TRAIL DR # 33  
SAINT PETERS MO 63376-7576



CUSTOMER SERVICE

Toll Free: 866-339-2432 Local: (334) 244-4350  
Monday - Friday • 8:00 a.m. - 5:00 p.m. CST  
Fax: (334) 271-3104 • www.ServSol.com

Account: [REDACTED] | Date: 08/15/2023

CURRENT MONTHLY PAYMENT

Principal & Interest	\$586.60
Escrow	\$303.49
Escrow Shortage (1/12)	\$57.59
<b>TOTAL PAYMENT</b>	<b>\$947.68</b>

NEW PAYMENT INFORMATION

Principal & Interest	\$586.60
Escrow	\$301.71
Escrow Shortage (1/12)	\$27.81
<b>TOTAL PAYMENT</b>	<b>\$916.12</b>

NEW PAYMENT EFFECTIVE 10/01/2023

COMING YEAR ESCROW PROJECTIONS

The purpose of the Coming Year Escrow Projection is to determine the lowest balance "Low Point" to which your escrow account will decline over the upcoming year. The purpose of the Low Balance Summary is to compare the projected and allowable low point amounts. If the projected low point is greater than the allowable low point (\*), there is a surplus. If the surplus is \$50.00 or greater, it will be automatically refunded to you. If the surplus is less than \$50.00, we have lowered your payment accordingly. If the projected low point is less than the allowable low point (\*), there is an interest free shortage which will be recovered by an adjustment to your monthly payment over 12 months. The adjustment amount(s) appears in the Low Balance Summary and New Payment Information.

Mortgage Ins Disb	987.60
County Tax	1,610.86
Hazard Insurance	1,022.00

**TOTAL DISBURSEMENTS  
DIVIDED BY 12 MONTHS** **\$301.71**

**MONTHLY ESCROW DEPOSIT** **\$301.71**

CALCULATION OF ESCROW ADJUSTMENT

Beginning Projected Balance	\$2,079.71
Beginning Required Balance	\$2,413.44

**ESCROW SHORTAGE** **\$333.73**

The cushion allowed by federal law (RESPA) is \$438.81 (excluding MIP/PMI), unless state law specifies a lower amount

MONTH	PAYMENTS TO ESCROW	DESCRIPTION	PAYMENTS FROM ESCROW	CUR BAL PROJECTION	REQ BAL PROJECTION
BEGINNING BALANCE				\$2,079.71	\$2,413.44
October	\$301.71	MIP/PMI Disbursement	\$82.30	\$2,299.12	\$2,632.85
November	\$301.71	MIP/PMI Disbursement	\$82.30	\$2,518.53	\$2,852.26
November	\$0.00	County Tax Disbursement	\$1,610.86	\$907.67	\$1,241.40
December	\$301.71	MIP/PMI Disbursement	\$82.30	\$1,127.08**	\$1,460.81
December	\$0.00	Hazard Insurance Disbursement	\$1,022.00	\$105.08**	\$438.81
January	\$301.71	MIP/PMI Disbursement	\$82.30	\$324.49	\$658.22
February	\$301.71	MIP/PMI Disbursement	\$82.30	\$543.90	\$877.63
March	\$301.71	MIP/PMI Disbursement	\$82.30	\$763.31	\$1,097.04
April	\$301.71	MIP/PMI Disbursement	\$82.30	\$982.72	\$1,316.45
May	\$301.71	MIP/PMI Disbursement	\$82.30	\$1,202.13	\$1,535.86
June	\$301.71	MIP/PMI Disbursement	\$82.30	\$1,421.54	\$1,755.27
July	\$301.71	MIP/PMI Disbursement	\$82.30	\$1,640.95	\$1,974.68
August	\$301.71	MIP/PMI Disbursement	\$82.30	\$1,860.36	\$2,194.09
September	\$301.71	MIP/PMI Disbursement	\$82.30	\$2,079.77	\$2,413.50

MORE INFORMATION ON REVERSE SIDE

HOPE A ARNOLD  
3155 MEADOW TRAIL DR # 33  
SAINT PETERS MO 63376-7576

Account Number: [REDACTED] | Shortage Amount: \$333.73

Amount Enclosed \$ [REDACTED]

For address or phone number changes, please see reverse side for instructions.

This is not a billing for the shortage amount. You are not required to pay this shortage in one payment. The total shortage amount is automatically divided by 12 and included in your monthly payment.

You can reduce your monthly payment by \$27.81 per payment if you pay the total shortage in full immediately. Send your check for the shortage amount along with this coupon to the address shown at the right.

NOTE: If you elect to pay your shortage, your new payment will be \$888.31

ServiSolutions  
PO Box 242928  
Montgomery AL 36124-2928



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- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Monthly payment(s) received earlier OR later than expected</li> <li>• Monthly payment(s) received were less than OR greater than expected</li> <li>• Previous overage was returned to escrow</li> <li>• Previous shortage was not paid entirely</li> </ul> | <ul style="list-style-type: none"> <li>• Tax rate and/or assessed value changed</li> <li>• Exemption status lost or changed</li> <li>• Supplemental/Delinquent tax paid</li> <li>• Tax bill paid earlier OR later than expected</li> <li>• Tax installment not paid</li> <li>• Tax refund received</li> <li>• New tax escrow requirement paid</li> </ul> | <ul style="list-style-type: none"> <li>• Premium changed</li> <li>• Coverage changed</li> <li>• Additional premium paid</li> <li>• Insurance bill paid earlier OR later than expected</li> <li>• Premium was not paid</li> <li>• Premium refund received</li> <li>• New insurance escrow requirement paid</li> <li>• Lender placed insurance premium paid</li> </ul> |
|---|--|--|

PAYMENTS TO ESCROW			DISBURSEMENTS FROM ESCROW			ESCROW BALANCE	
MONTH	PROJECTED	ACTUAL	PROJECTED	ACTUAL	DESCRIPTION	PROJECTED	ACTUAL
					BEGINNING BALANCE	\$1,096.98	\$415.93
April	\$303.49	\$361.08 *	\$1,316.39	\$0.00 *	MIP RBP	\$1,316.39	\$777.01
April	\$0.00	\$0.00	\$1,316.39	\$84.08 *	MIP RBP	\$1,316.39	\$692.93
May	\$303.49	\$361.08 *	\$1,535.80	\$0.00 *	MIP RBP	\$1,535.80	\$1,054.01
May	\$0.00	\$0.00	\$1,535.80	\$84.08 *	MIP RBP	\$1,535.80	\$969.93
June	\$303.49	\$0.00 *	\$1,755.21	\$0.00 *	MIP RBP	\$1,755.21	\$969.93
June	\$0.00	\$0.00	\$1,755.21	\$84.08 *	MIP RBP	\$1,755.21	\$885.85
July	\$303.49	\$722.16 *	\$1,974.62	\$0.00 *	MIP RBP	\$1,974.62	\$1,608.01
July	\$0.00	\$0.00	\$1,974.62	\$84.08 *	MIP RBP	\$1,974.62	\$1,523.93
August	\$303.49	\$361.08 E	\$2,194.03	\$84.08 E	MIP RBP	\$2,194.03	\$1,800.93
September	\$303.49	\$361.08 E	\$2,413.44	\$82.30 E	MIP RBP	\$2,413.44	\$2,079.71
October	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
November	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
December	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
January	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
February	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
March	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00

## CHANGE OF ADDRESS / PHONE

**Please indicate any change of information below:**

Name \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

**SERVISOLUTIONS**  
**PO BOX 242967**  
**MONTGOMERY, AL 36124-2967**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Taxpayer ID Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Certification:** Under the penalties of perjury, I certify that the information provided on this form is true, correct and complete.

Date